Negotiated Rulemaking Meeting and Comment Summary

May 15, 2012 1:00 p.m. (MST) Negotiated Rulemaking DOCKET NO. 16-0310-1201 (see attached attendee lists)

Facilitator: Lisa Hettinger, Bureau Chief, Bureau of financial Operations Bureau of Financial Operations: Sheila Pugatch, Principal Financial Specialist

Call to Order and Outline Meeting Format

I. Purpose of Meeting

- a. Consider quality and incorporate requirements of 42 U.S.C. 1396a(30)(A)
- b. The goal of which is to prevent unnecessary use of care and services, and ensure that payments are sufficient to enlist enough providers to meet the need for care and services in a given geographic area.

II. Discussion Points

- a. Access to services
- b. Payments consistent with efficiency
- c. Payments consistent with quality of care
- d. Cost survey collection suggestions

III. Follow Up

a. Written comments for Docket No. 16-0310-1201 are to be submitted by 5/25/12 to:

Tamara Prisock 450 W. State Street – 10th Floor P.O. Box 83720 Boise, ID 83720-0036

Negotiated Rulemaking - Comment Summary DOCKET NO. 16-0310-1201

Comments from 05/25/12 Written Comments Submitted Post-Meeting, and Responses

Verbal and written comments were submitted by the following individuals/organizations:

		Comments	Responses	
Item #	W-Written V-Verbal	Access to Services		Policy Change
1	V, Human Supports	Run a report comparing total number of Severe and Persistent Mental Illness (SPMI) participants who are getting services.	The Department will evaluate this measure, in addition to those in section 037.02.a.	Under Consideration in Rule
2	V, Care Provider Network	Access to Certified Family Home (CFH) provider mix has changed from 30% family to 70% nonfamily providers in 2008 to 80% family to 20% non-family in 2012. There are a total of 2180 CFH's in the state.	Per section 037.02.a, the Department will "Compare the change in total number of provider locations for service type to the change in eligible participants or when participant complaints and critical incidence logs reveal outcomes that identify access issues for a service type."	Under Consideration in Rule
3	V, Idaho Health Care Association	The Department should request that the Ombudsman ask assisted living facilities once a quarter the number of beds available to Medicaid participants.	The Department will look at this access measure in comparison to numbers already available from the Division of Licensing and Certification when implementing section 037.02.a.	Under Consideration in Rule
4	V, Life Coaxial Center	Due to budget cuts to psychosocial rehabilitation services and transportation being moved to AMR, provider selection and services has been limited. Because of this participants have lost rehabilitative services.	The Department will look at this access measure through our transportation broker AMR. The Department will monitor access as defined in section 037.02.a.	Under Consideration in Rule
5	V, Idaho Association of Developmental Disability Agencies	Because participants are not able to access some services in rural areas, such as supported employment for DD, then the participants have to move to metropolitan areas to get the service. Get data from regional offices to see the number of	The review identified in section 037.02.a will also consider regional access issues. Refer to item 25 in cost survey section regarding how urban vs. rural reimbursement methodology will be taken into	Under Consideration in Rule

		participants moving from rural areas to metropolitan areas.	consideration.	
6	V	Look to see what the available CFH and assisted living facility services are available in an area to check access.	The review identified in section 037.02.a will also consider regional access issues.	Under Consideration in Rule
7	V	Mental health telehealth is limited to physicians, so mental health services are not pushed out to the community as much as it could.	The Department continues to explore increased use of telehealth.	
8	V, Care Provider Network	Some DD CFHs have recommended their participants change to the self-direction model for Developmental Disability (DD) in order for the DD CFH to stay in business.	Thank you for your comments. This is not related to access to services as the participant still receives services in this example.	
9	W, Idaho Care Providers Network	DD CFH providers recommendation to improve services with Idaho Care Providers Network proposals: DD CFH providers get paid 44 cents a mile to transport their participants to and from all medical appointments instead of paying commercial transportation providers.	Thank you for your comments. This is not related to access to services.	
10	W, Idaho Care Providers Network	DD CFH providers recommendation to improve services with Idaho Care Providers Network proposals: DD CFH providers can provide 3 hours of additional services a day in order to reduce DDA services by 3 hours a day.	Thank you for your comments. This is not related to access to services.	
11	W, Idaho Care Providers Network	DD CFH providers recommendation to improve services with Idaho Care Providers Network proposals: Increase the daily rate to DD CFH providers to \$118.39/day, so CFH providers can hire an employee or pay for DDA services directly.	Thank you for your comments. This is not related to access to services.	
12	W, Idaho Care Providers Network	CFH providers have not had a raise since 1994, yet CFH expenses increased since then with no increase in payment to the provider.	When reimbursement is creating access issues, a cost survey will ensue per section 037.04.	

13	W, Idaho Care Providers Network	The providers recommend the Department request that the Office of Performance Evaluations (OPE) committee perform a review of services provided to participants living in CFH vs. supported living.	Thank you for your comments.	
14	V, Human Supports	Look at WICHE report that the Department conducted in 2008 for recommendations.	The Department plans to use information from this report when reviewing access to Idaho's current mental health and substance abuse treatment delivery system.	
Quali	ty of Care Provid	led		
15	V, Human Supports	We need an outcome management system that aggregates data. We can enter the 120 day review data in a database.	The Department takes this measure under consideration through section 037.03.	Under Consideration in Rule
16	V, Idaho Association of Developmental Disability Agencies	Employee turnover occurs when rates are low, so quality goes down.	The Department takes this measure under consideration through section 037.03.	Under Consideration in Rule
17	V, Idaho Association of Developmental Disability Agencies	Train employees to provide quality care.	The Department takes this measure under consideration through section 037.02.b.	Under Consideration in Rule
18	V, Idaho Association of Developmental Disability Agencies	Care providers will know what care is needed for the participant, so they will provide the care. You can measure the knowledge by the decreased number of hospital admits and ambulance trips.	The Department takes this measure under consideration through section 037.02.b.	Under Consideration in Rule
19	V, Care Provider Network	You can send a questionnaire to participant to ask about the quality of care they receive.	The Department takes this measure under consideration through section 037.02.b.	Under Consideration in Rule
20	V, Idaho Association of Developmental Disability Agencies	When rates are low, employees change jobs with competitive wages such as fast food companies.	Thank you for your comments. This is not related to quality of services delivered.	
21	V, Idaho Association of Developmental Disability Agencies	No cost of living increase in 20 years. Providers ask to lower rent paid by participant because CFH is paying \$300 a year for certification. The Department is	The Department will continue to monitor quality outcomes as described in section 037.02.b.	Under Consideration in Rule

22	V, Human Supports	asking for measuring tool on quality of care. How can the provider continue the same quality of care for less overall reimbursement? The Department monitors quality of care, but there are no reports on mental health credentialing.	All credentialed mental health providers have met the Department's quality standards, so no report is necessary.	
23	V, Care Provider Network	There is a licensing and certification and program integrity disconnect. Licensing and certification says a process is ok and then program integrity says it is not. Providers are dropping out of the program because they don't want to risk committing fraud.	These groups have been given your recommendation.	
Cost	Survey Process			
24	V	Need to obtain all costs to provide services including training costs.	The current reimbursement methodologies used to set reimbursement rates all take into consideration training costs.	
25	W, Idaho Association of Developmental Disability Agencies	Johnston, Villegas, Grubbs & Associates (JVGA) model is fine. Time and resources already spent with providers and state staff. Send out time frame of survey process ahead of time in order for providers to make sure they are categorizing expenditures in the correct buckets, direct care staff wages, employer costs, program costs, and general & administrative costs.	The JVGA reimbursement model is being used where appropriate per the State Plan. The Department can inform providers ahead of time when a survey will be conducted and what the time frame of the survey will be. The Department can conduct training sessions on how to categorize expenditures.	
26	V, Idaho Association of Developmental Disability Agencies	Gather average wage paid to workers providing services and compare them to State employee wages. Make sure that rates match livable wages.	The Department takes this measure under consideration through sections 037.03 and 037.04.	Under Consideration in Rule
27	V, Care Provider Network	The \$300 a year certification fee charged effectively takes money away from paying for services in a CFH.	The Department takes this measure under consideration through sections 037.03 and 037.04.	Under Consideration in Rule
28	V	No money to pay for mileage to travel to rural areas to provide	The current reimbursement methodologies used to set	

		services.	reimbursement rates all take into consideration travel costs.	
29	V, Idaho Association of Developmental Disability Agencies	Communication vehicle needs to be better than the JVGA process. CFH didn't know about the survey process.	The MedicAide, the Department web site, and correspondence in Department envelopes will continue to be used to communicate to providers.	
30	V	Send a reminder to providers about the survey. Post on the internet. CFH don't have internet. Form letter would be fine. Do not use Department envelopes, otherwise providers will set them aside and not read them.	The MedicAide, the Department web site, and correspondence in Department envelopes will continue to be used to communicate to providers.	
31	V	Communicate with associations about training to providers.	The MedicAide, the Department web site, and correspondence in Department envelopes will continue to be used to communicate to providers. Additionally, the Department sends emails to association representatives and this practice will continue.	
32	V	Self-direction providers not getting regular provider information.	Self-direction providers work for the participant, so the worker (provider) who is hired by the participant needs to get information from the participant (employer). See program requirements and summary for further information.	
33	V	CFH Department website is a good communication channel as well as sending a letter to providers or communicating through Community Partnerships.	The Department can use the CFH website as well as correspond to Community Partnerships to inform them about surveys along with mailing it.	
34	V, Idaho Association of Developmental Disability Agencies	Cost survey needs to be sophisticated.	The Department will work with the providers to customize the cost survey as specified under section 037.04.	Under Consideration in Rule
35	V	Survey online would be convenient.	The Department will take this under consideration when	

			conducting cost surveys.	
36	V	Set an annual date each year that the survey needs to be completed by so providers can plan around the annual date.	The Department will take this under consideration when conducting cost surveys.	
37	V	Provide training on survey process and details regarding the survey.	Training will be provided prior to sending out the survey tool.	
38	V	No one size fits all cost survey. There are provider to provider differences within the same provider group.	The Department will work with the providers to customize the cost survey as specified under section 037.04. We intend to work with providers to develop meaningful survey tools.	Under Consideration in Rule
39	V	Within survey, questions should be consistent within provider types.	The Department has been sensitive in the past with catering survey tools to provider types and services in order to match the best tool to gather the information. The Department can continue to improve on matching the survey tool to the business model.	
40	V	CFH providers not as involved in the past with the survey process. The business model for a family run CFH and non-family run CFH is different.	The Department has been sensitive in the past with catering survey tools to provider types and services in order to match the best tool to gather the information. The Department can continue to improve on matching the survey tool to the business model.	
41	V	Pre-surveys can be conducted to steer decision-making on whether or not to move forward with a survey. Threshold for additions or terminations of new providers which can trigger a survey. Threshold for participant utilization which can trigger a survey. Threshold for system and program issues regarding quality of care which can trigger a survey.	The Department will take this under consideration when conducting cost surveys.	
42	V	Pay the same as the Department or	Thank you for your	

		other private company in order to lessen turnover.	comments.	
43	V, Idaho Association of Developmental Disability Agencies	Shouldn't providers get a cost of living increase? Last increase for some services was in 2006 at 1.9%.	Thank you for your comments.	
44	V	Why do we have to do a survey at all? Why not use cost of living increase percent?	Thank you for your comments.	
45	V	Providers need to see results through cost survey process, otherwise they will not participate.	Thank you for your comments.	
46	V	Cost of Living Adjustment (COLA) in SFY 2014 budget now to gain provider buy-in that this survey process for rate reimbursement changes will take a while.	Thank you for your comments.	
47	V	Perform surveys every five years, but provider COLA increases yearly.	Thank you for your comments.	
48	V	Johnston, Villegas, Grubbs & Associates (JVGA) model is fine. Derive reimbursement rates based on Bureau of Labor Statistics Mean Wage for direct care staff wages adjusted for employment related costs, program related costs, and general & administrative costs. Cost studies will update this information every five years.	Thank you for your comments. The JVGA reimbursement model is being used where appropriate per the State Plan.	
49	W, Idaho Care Providers Network	To achieve a representative and valid sample of providers for the cost study, the Idaho Coalition of Community Provider Associations will do the following: 1. Assist Medicaid with distributing and providing training to providers on the cost study survey tool; 2. Assure that a minimum of 50% of our members participate in the respective service cost study; and 3. Assure that a cross section of agencies in Idaho participate in the study, including rural and urban,	Thank you for your comments.	

		large and small companies.		
50	V, Department	Some PCS providers recommended a 100% response rate to cost surveys otherwise the provider's provider agreement should be terminated.	Thank you for your comments.	
51	V, Idaho Association of Developmental Disability Agencies	If 50% of association members can submit survey data, then this would be a good sample of urban/rural participation and small/large providers.	Thank you for your comments.	
52	V, Idaho Association of Developmental Disability Agencies	Remove teeth to mandate participation or provider loses provider number.	Thank you for your comments.	
Efficie	ncy of Provider			
53	V, Human Supports	Efficiency can be measured by reviewing if provider's staff turnover rates are decreased.	The Department will take this under consideration when measuring efficiency in section 037.07.	Under Consideration in Rule
54	V, Human Supports	Because of drug handling limitations, pharmacy has to fill medication dispenser. Family cannot do it which would save time and money.	Thank you for your comments. This is not related to efficiency of services delivered.	
55	V	DD CFH provider is not being used when reimbursement rate is higher for another provider type such as residential habilitation provider which costs Medicaid more money.	Thank you for your comments. This is not related to efficiency of services delivered.	
56	V, Idaho Association of Home Care Agencies	Get paid for one hour for one employee providing service. Cannot become more efficient than that.	Thank you for your comments.	
57	V, Idaho Association of Home Care Agencies	State Hospital South, indigent population, jail, Medicaid doesn't measure. Stop looking at Silo.	Thank you for your comments. This is not related to efficiency of services delivered.	
58	V, Idaho Association of Home Care Agencies	How can the State become more efficient? Cost, documentation, Healthy Connections, double paid, yearly vs. life time.	Thank you for your comments.	
59	V	Crisis services. Provider can	Thank you for your	

		become more efficient if they can access services for the participant.	comments. This is not related to efficiency of services delivered.	
60	V, Human Supports	Develop a system of care that doesn't have tons of barriers to care where so many forms are needed to be filled out. Providers are dropping off due to this burden.	Policy groups will be given recommendation.	
61	V	Licensing and Certification accepting electronic documents.	Licensing and Certification will be given recommendation.	
62	V, Human Supports	Providers fill out forms that are not utilized by the State, so why are we filling them out? The forms ask for the same information, so reduce redundancy. Because of all of the questions, the provider has to track down the information required on the form, sometimes every 90 days.	Policy groups will be given recommendation.	
63	V	Participants are not able to gain access to Crisis services	The Department would request that providers notify us when access is not available because we are not getting this data from our participants.	
64	V, Human Supports	Look at WICHE report that the Department conducted in 2008 for recommendations.	Refer to item 14 in assess section regarding how the WICHE report will be used.	
65	V, Idaho Association of Home Care Agencies	Documentation requirements not being reimbursed in mental health services.	Refer to item 48 in cost survey section regarding how this JVGA reimbursement methodology will be taken into consideration.	
66	W, Idaho Care Providers Network	Reimbursement rates paid to community based Medicaid providers should assure that a provider can do the following: 1. Pay direct care employees a fair, livable wage; based on the Idaho BLS Mean Wage specific to the BLS modeling occupation; 2. Cover Employment Related Expenses including the IRS costs for Social Security and Medicare,	Refer to item 48 in cost survey section regarding how this JVGA reimbursement methodology will be taken into consideration.	

	the BLS Employer costs for workers compensation, FUTA and SUTA, and employee benefits including health insurance and paid leave time; 3. Cover Program Related Expenses specific to delivering the services as required in Idaho State code and IDAPA administrative rules; and 4. Cover the General and Administrative expenses of delivering the services up to 10% of cost.	
Other		
	None	